

07002 2030 0000 1878 5878

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

IMPORTANT: Indicate type of committee you are reporting for: ☐ 1(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party

Office Sought

District (if Senate or House)

FORM**DR-2**

(Rev. 07/2003)

DISCLOSURE
REPORT**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

**IA ETHICS & CAMPAIGN
DISCLOSURE BOARD**

MAY 19 2004

FILED

PM 5:18

May 17, 2004
DATE SIGNED*Marsha Gaskill*
SIGNATURE OF TREASURER (or person filing this report)641-752-6908
TELEPHONE**Late filed reports are subject to possible civil and criminal penalties.****SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A May 19, 2004

REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.

(report date)

Indicate one ☐ 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.)

\$ 32,499.17

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

19,355.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)**SUB-TOTAL \$** 51,854.17**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

6,021.86

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)

\$ 45,832.31

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 800.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

CANDIDATE COMMITTEES ONLY:**CONSULTANT BREAKDOWN** (Schedule G Attached?)☒ YES☐ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ 0.00

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1/23/04	ID# CK#	Bruce G. Devick 220 W. Ferner Marshalltown, Iowa 50158		\$200.00	<input type="checkbox"/>
1/6/04	ID# CK#	Alan L. Hermanson 12621 Hillcrest Avenue Story City, Iowa 50248		100.00	<input type="checkbox"/>
1/8/04	ID# CK#	Doris McKibben 301 Blythe Street Conrad, Iowa 50621	Aunt	50.00	<input type="checkbox"/>
1/6/04	ID# CK#	Judy L. Rogers P.O. Box 57 Conrad, Iowa 50621		1,000.00	<input type="checkbox"/>
1/6/04	ID# 9659 CK# 1244	Federation of Iowa Insurers P.O. Box 1756 Des Moines, Iowa 50306		250.00	<input type="checkbox"/>
1/6/04	ID# 6146 CK# 1533	Homebuilders Association Political Action Comm. Des Moines, Iowa		500.00	<input type="checkbox"/>
1/12/04	ID# 6234 CK# 3915	Iowa Farm Bureau Federation Political Action Committee - 5400 University Avenue Des Moines, Iowa 50266		250.00	<input type="checkbox"/>
1/12/04	ID# 6082 CK# 890	MidAmerican Energy Co. Effective Government Committee - 666 Grand Avenue Des Moines, Iowa 50303		300.00	<input type="checkbox"/>
1/8/04	ID# 1132 CK# 6351	Petroleum Marketers of Iowa PAC 1303 50th Street West Des Moines, Iowa 50266		250.00	<input type="checkbox"/>
1/12/04	ID# 1185 CK# 6445	RiverPAC 400 E. 3rd Street Dubuque, Iowa 52001		150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3,050.00	
TOTAL (if last page of this schedule)				\$	

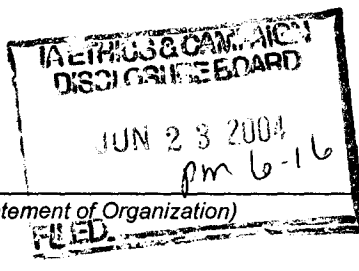
* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

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1/23/04	ID# CK#	Bruce G. Devick 220 W. Ferner Marshalltown, Iowa 50158		\$200.00	<input type="checkbox"/>
1/6/04	ID# CK#	Alan L. Hermanson 12621 Hillcrest Avenue Story City, Iowa 50248		100.00	<input type="checkbox"/>
1/8/04	ID# CK#	Doris McKibben 301 Blythe Street Conrad, Iowa 50621	Aunt	50.00	<input type="checkbox"/>
1/6/04	ID# CK#	Judy L. Rogers P.O. Box 57 Conrad, Iowa 50621		1,000.00	<input type="checkbox"/>
1/6/04	ID# 9659 CK# 1244	Federation of Iowa Insurers P.O. Box 1756 Des Moines, Iowa 50306		250.00	<input type="checkbox"/>
1/6/04	ID# 6146 CK# 1533	Homebuilders Association Political Action Comm. Des Moines, Iowa		500.00	<input type="checkbox"/>
1/9/04	ID# 6234 CK# 3915	Iowa Farm Bureau Federation Political Action Committee - 5400 University Avenue Des Moines, Iowa 50266		250.00	<input type="checkbox"/>
1/9/04	ID# 6082 CK# 890	MidAmerican Energy Co. Effective Government Committee - 666 Grand Avenue Des Moines, Iowa 50303		300.00	<input type="checkbox"/>
1/8/04	ID# 1132 CK# 6351	Petroleum Marketers of Iowa PAC 1303 50th Street West Des Moines, Iowa 50266		250.00	<input type="checkbox"/>
1/9/04	ID# 1185 CK# 6445	RiverPAC 400 E. 3rd Street Dubuque, Iowa 52001		150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 3,050.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

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Jan. 1-31, 2004	ID# CK#	Total unitemized contributions during January 1-31, 2004 reporting period of \$25 or less		\$75.00	<input type="checkbox"/>
2/18/04	ID# CK#	John C. Lisle P.O. Box 89 Clarinda, Iowa 51632		50.00	<input type="checkbox"/>
2-1-04 through 2-29-04	ID# CK#	Total unitemized contributions during February 1-29, 2004 reporting period of \$25 or less		25.00	<input type="checkbox"/>
3/8/04	ID# CK#	Ervin E. Ficken 1829 310th Street Melbourne, Iowa 50162		35.00	<input type="checkbox"/>
3/29/04	ID# CK#	Ray E. Lounsberry 64923 Lincoln Highway Nevada, Iowa 50201		200.00	<input type="checkbox"/>
3/12/04	ID# CK#	Stanley J. Marshall 610 10th Avenue Ackley, Iowa 50601		40.00	<input type="checkbox"/>
3/12/04	ID# CK#	Jerome G. Rockman 3104 S. 8th Street Marshalltown, Iowa 50158		150.00	<input type="checkbox"/>
3/12/04	ID# CK#	David E. Thompson 2504 Knollway Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
3-1-04 through 3-31-04	ID# CK#	Total unitemized contributions during March 1-31, 2004 reporting period of \$25 or less		30.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$655.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
4/22/04	ID# CK#	Barbara L. Anderson 1140 Wallace Avenue Beaman, Iowa 50609		\$100.00	<input type="checkbox"/>
4/23/04	ID# CK#	Kathy L. Baker 1130 Canfield Avenue Clemons, Iowa 50051		100.00	<input type="checkbox"/>
4/23/04	ID# CK#	Edwin W. Bartine II 106 N. Center Street Marshalltown, Iowa 50158		250.00	<input type="checkbox"/>
4/22/04	ID# CK#	Gene L. Beach 408 Edgeland Drive Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/26/04	ID# CK#	Robert B. Becker 1602 W. Lincoln Way Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
4/23/04	ID# CK#	Rhoda Bender 310 N. 4th Street Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/22/04	ID# CK#	Nanette Benson 2325 Jessup Avenue State Center, Iowa 50247		50.00	<input type="checkbox"/>
4/22/04	ID# CK#	Douglas J. Boyd 809 Patterson Lane Marshalltown, Iowa 50158		30.00	<input type="checkbox"/>
4/26/04	ID# CK#	Al Brennecke 703 Circle Drive Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/23/04	ID# CK#	Earl Brennecke 1500 Lincoln Tower Circle, #401 Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 880.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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4/21/04	ID# CK#	Marvin W. Carpenter 17748 KK Avenue Iowa Falls, Iowa 50126		\$50.00	<input type="checkbox"/>
4/21/04	ID# CK#	Wilburta N. Carr 8107 Tuscany Avenue Playa Del Rey, CA 90293		250.00	<input type="checkbox"/>
4/23/04	ID# CK#	Kenneth Cook 411 Plum Road New Providence, Iowa 50206		100.00	<input type="checkbox"/>
4/23/04	ID# CK#	LeRoy W. Cornwell 2771 B Garwin Road Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
4/27/04	ID# CK#	Darrell D. Eaton 1717 Country Club Lane Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
4/27/04	ID# CK#	Eric D. Edler 2024 Canfield Avenue State Center, Iowa 50247		50.00	<input type="checkbox"/>
4/21/04	ID# CK#	Jim Frevert Box 500 Nevada, Iowa 50201		50.00	<input type="checkbox"/>
4/22/04	ID# CK#	Dwayne C. Garber 3250 120th Street Beaman, Iowa 50609		50.00	<input type="checkbox"/>
4/21/04	ID# CK#	Martha E. Gruetzmacher 1001 W. Church Street Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/21/04	ID# CK#	Curt Hames P.O. Box 217 Marion, Iowa 52302		200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,000	
TOTAL (if last page of this schedule)				\$	

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Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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4/21/04	ID# CK#	Ken S. Hesmer 2003 Timberline Road Marshalltown, Iowa 50158		\$50.00	<input type="checkbox"/>
4/29/04	ID# CK#	Richard L. Hessenius 1007 Henry Drive Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/22/04	ID# CK#	Kevin R. Jensen 1503 Fairway Drive Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/21/04	ID# CK#	Jerry L. Johnston 115 W. Grundy Avenue, Box 68 Conrad, Iowa 50621		100.00	<input type="checkbox"/>
4/27/04	ID# CK#	Jon G. Kern P.O. Box 143 State Center, Iowa 50247		100.00	<input type="checkbox"/>
4/21/04	ID# CK#	Thomas J. Larson 62 Smith Circle Algona, Iowa 50511		100.00	<input type="checkbox"/>
4/21/04	ID# CK#	L.F. Lehmeier P.O. Box 596 Hubbard, Iowa 50122		30.00	<input type="checkbox"/>
4/21/04	ID# CK#	Carl O. Lester 1717 Country Club Place Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/22/04	ID# CK#	Gordon G. Leth 2200 Hamilton Drive, Apt. 708 Ames, Iowa 50014		100.00	<input type="checkbox"/>
4/21/04	ID# CK#	Seeley G. Lodwick 3836 187th Street Wever, Iowa 52658		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 730.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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4/26/04	ID# CK#	Suzanne Lundy 1818 Wiese Garden Road Marshalltown, Iowa 50158		\$100.00	<input type="checkbox"/>
4/28/04	ID# CK#	Barbara L. Lynk 2516 160th Street Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
4/23/04	ID# CK#	L.J. McComber P.O. box 751 Marshalltown, Iowa 50158		500.00	<input type="checkbox"/>
4/29/04	ID# CK#	John K. McKay 604 W. Olive Marshalltown, Iowa 50158		75.00	<input type="checkbox"/>
4/29/04	ID# CK#	Helen McKibben 2445 140th Street Marshalltown, Iowa 50158	Aunt	50.00	<input type="checkbox"/>
4/26/04	ID# CK#	Robert L. Mandsager 503 New Salem Road Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
4/27/04	ID# CK#	Pauline R. Marshall 610 10th Avenue Ackley, Iowa 50601		40.00	<input type="checkbox"/>
4/27/04	ID# CK#	G. Ward Miller 2009 Gethmann Drive Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/22/04	ID# CK#	Joan L. Moore 1408 S. 5th Street Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
4/27/04	ID# CK#	Loyd O. Nelson 2080 Marshalltown Blvd. Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,215.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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4/21/04	ID# CK#	R.W. Ottilie 1600 W. Lincolnway Marshalltown, Iowa 50158		\$50.00	<input type="checkbox"/>
4/27/04	ID# CK#	Rollin Ray 8 E. Ferner Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/23/04	ID# CK#	Clifford Sams 3025 110th Street Beaman, Iowa 50609		35.00	<input type="checkbox"/>
4/21/04	ID# CK#	Henry Joe Sandve 17 W. Main Marshalltown, Iowa 50158		250.00	<input type="checkbox"/>
4/21/04	ID# CK#	Leon G. Schade 3303 S. Center Street Marshalltown, Iowa 50158		250.00	<input type="checkbox"/>
4/22/04	ID# CK#	Larry R. Southard 1304 Fairway Drive Marshalltown, Iowa 50158		250.00	<input type="checkbox"/>
4/21/04	ID# CK#	Gary L. Steelsmith Box 74 Beaman, Iowa 50609		250.00	<input type="checkbox"/>
4/16/04	ID# CK#	Merle F. Stewart 21201 G Avenue Conrad, Iowa 50621		50.00	<input type="checkbox"/>
4/12/04	ID# CK#	Shirley Svendsen 1585 Zeller Avenue Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/22/04	ID# CK#	William M. Tank 414 N. 8th Street Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,335.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

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4/21/04	ID# CK#	Diane L. Veren 1419 Marble Road Clemons, Iowa 500510		\$50.00	<input type="checkbox"/>
4/21/04	ID# CK#	Russell H. Watt 808 Patterson Lane Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/21/04	ID# CK#	Joe Weaver 1710 Country Club Place Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
4/27/04	ID# CK#	Aloah J. Welp 1602 Crestview Drive Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
4/27/04	ID# CK#	Robert D. Wersen 2505 Maple Woods Drive Oskaloosa, Iowa 52577		500.00	<input type="checkbox"/>
4/21/04	ID# CK#	Ivanelle B. White 1368 295th Street Rhodes, Iowa 50234		50.00	<input type="checkbox"/>
4/26/04	ID# CK#	Jane C. Wiemers 2713 Hart Avenue Melbourne, Iowa 50162		50.00	<input type="checkbox"/>
4/26/04	ID# CK#	Levi Willits 1705 Marble Road Union, Iowa 50258		100.00	<input type="checkbox"/>
April, 2004	ID# CK#	Total unitemized contributions during April 1-30, 2004 reporting period of \$25 or less		995.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,945.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/5/04	ID# CK#	Larry L. Allen 1508 W. Lincolnway Marshalltown, Iowa 50158		\$250.00	<input type="checkbox"/>
5/12/04	ID# CK#	Deannndrea L. Baird 3900 Cedar Grove Court NE Cedar Rapids, Iowa 52411		50.00	<input type="checkbox"/>
5/11/04	ID# CK#	Carrie G. Barr 2265 Marshalltown Blvd. Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
5/3/04	ID# CK#	Kathy S. Beaty 2901 72nd Street Des Moines, Iowa 50322		50.00	<input type="checkbox"/>
5/5/04	ID# CK#	James H. Boyd 411 Braeburn Lane Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
5/12/04	ID# CK#	Dennis D. Buffington 2434 Smith Avenue Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
5/5/04	ID# CK#	Bill Burke, Jr. P.O. Box 209 Nevada, Iowa 50201		50.00	<input type="checkbox"/>
5/5/04	ID# CK#	Marilyn Downs 503 Brentwood Place Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
5/10/04	ID# CK#	Brittney M. Gould 1226 Marsh Avenue Liscomb, Iowa 50148		100.00	<input type="checkbox"/>
5/5/04	ID# CK#	David J. Greif 205 Marion Street Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 900.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/10/04	ID# CK#	Mary L. Gunderson 9 Eastwood Drive Eldora, Iowa 50627		\$50.00	<input type="checkbox"/>
5/12/04	ID# CK#	Christopher F. Gunnare 10993 Lincoln Avenue Clive, Iowa 50325		100.00	<input type="checkbox"/>
5/3/04	ID# CK#	Ward Handorf 3380 130th Street Gladbrook, Iowa 50635		50.00	<input type="checkbox"/>
5/5/04	ID# CK#	Blake A. Hardy 1907 Blossom Lane Marshalltown, Iowa 50158		50.00	<input type="checkbox"/>
5/12/04	ID# CK#	Brian E. Johnson 1405 Court Street Adel, Iowa 50003		200.00	<input type="checkbox"/>
5/5/04	ID# CK#	Marilyn R. Kern 2310 S. 8th Street Marshalltown, Iowa 50158		150.00	<input type="checkbox"/>
5/11/04	ID# CK#	Marilyn R. Kern 2310 S. 8th Street Marshalltown, Iowa 50158		150.00	<input type="checkbox"/>
5/10/04	ID# CK#	Donald F. Lamberti 3601 SW Golfview Circle Ankeny, Iowa 50021		250.00	<input type="checkbox"/>
5/12/04	ID# CK#	John C. Lisle P.O. Box 89 Clarinda, Iowa 51632		50.00	<input type="checkbox"/>
5/12/04	ID# CK#	Becki Lynch 68 36th Avenue SW Cedar Rapids, Iowa 52404		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,100.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/10/04	ID# CK#	Bonnie Minter 29174 320th Street Union, Iowa 50258		\$50.00	<input type="checkbox"/>
5/12/04	ID# CK#	Norman R. Nielsen 5757 Kirkwood Blvd. SW Cedar Rapids, Iowa 52404		75.00	<input type="checkbox"/>
5/12/04	ID# CK#	Steven J. Ovel 2259 Washington Avenue SE Cedar Rapids, Iowa 52403		75.00	<input type="checkbox"/>
5/12/04	ID# CK#	Joseph Carlton Petrone 1608 W. Main Marshalltown, Iowa 50158		250.00	<input type="checkbox"/>
5/12/04	ID# CK#	John L. Putney 1365 170th Street Gladbrook, Iowa 50635		200.00	<input type="checkbox"/>
5/5/04	ID# CK#	Judy Schiebel 1033 Prairie Avenue Liscomb, Iowa 50148		30.00	<input type="checkbox"/>
5/12/04	ID# CK#	Doug Shull 901 Scott Felton Road Indianola, Iowa 50125		100.00	<input type="checkbox"/>
5/3/04	ID# CK#	Dennis H. Smeins 3270 280th Street Gilman, Iowa 50106		50.00	<input type="checkbox"/>
5/12/04	ID# CK#	Van J. Spitzer 14841 Lakeview Drive Clive, Iowa 50325		40.00	<input type="checkbox"/>
5/12/04	ID# CK#	Michael J. Starcevich 6409 Meadowlark Drive Cedar Rapids, Iowa 52404		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 920.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/10/04	ID# CK#	Sharon Struthers 30232 710th Avenue Collins, Iowa 50055		\$50.00	<input type="checkbox"/>
5/10/04	ID# CK#	John W. Wheeler 507 N. 17th Street Place Marshalltown, Iowa 50158		75.00	<input type="checkbox"/>
5/12/04	ID# CK#	Kelly L. Wise Route 3, Box 8 Atlantic, Iowa 50022		100.00	<input type="checkbox"/>
5/11/04	ID# 6056 CK# 3202	Bankers Unite in Legislative Decisions 8800 NW 62nd Avenue Johnston, Iowa 50131		500.00	<input type="checkbox"/>
5/12/04	ID# 6033 CK# 1030	EMC Co. Political Action Comm. for Responsible State Government, 717 Mulberry Street Des Moines, Iowa 50309		100.00	<input type="checkbox"/>
5/10/04	ID# 8356 CK# 1958	Harrah's Entertainment, Inc. Impacts Public Policy One Harrahs Court Las Vegas, Nevada 89119		500.00	<input type="checkbox"/>
5/12/04	ID# 6052 CK# 2734	Independent Insurance Agents of Iowa Political Action Committee, 4000 Westown Parkway, Ste. 200, West Des Moines, Iowa 50265		250.00	<input type="checkbox"/>
5/10/04	ID# 6059 CK# 2437	Iowa Committee of Automotive Retailers 1111 Office Park Road West Des Moines, Iowa 50265		500.00	<input type="checkbox"/>
5/12/04	ID# 6063 CK# 1680	Iowa Dental Association Political Action Committee, 505 5th Avenue, Suite 333 Des Moines, Iowa 50309		500.00	<input type="checkbox"/>
5/12/04	ID# 6069 CK# 2102	Iowa Industry Political Action Committee "IIPAC" 904 Walnut, Suite 100 Des Moines, Iowa 50309		250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 2,825.00

TOTAL (if last page of this schedule)

\$

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/12/04	ID# 6073 CK# 632	Iowa Medical Political Action Committee 1001 Grand Avenue West Des Moines, Iowa 50265		\$200.00	<input type="checkbox"/>
5/12/04	ID# 6118 CK# 2026	Iowa Optometric Association Political Action Committee, 1454 30th Street, Suite 204 West Des Moines, Iowa 50266		200.00	<input type="checkbox"/>
5/12/04	ID# 6101 CK# 2383	Motor Carriers Political Action Committee P.O. Box 6121, East Des Moines Station Des Moines, Iowa 50309		300.00	<input type="checkbox"/>
5/12/04	ID# 6155 CK# 004132	Taxpayers United P.O. Box 209 Muscatine, Iowa 52761		1,000.00	<input type="checkbox"/>
May 14, 2004	ID# CK#	Total unitemized contributions during May 1-14, 2004 reporting period of \$25 or less		500.00	<input type="checkbox"/>
5/14/04	ID# CK#	Linda M. Cooper 613 Elmwood Drive Marshalltown, Iowa 50158		100.00	<input type="checkbox"/>
5/14/04	ID# CK#	Vicki J. Davison 2305 S. 12th Street Marshalltown, Iowa 50158		500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$2,800.00	
TOTAL (if last page of this schedule)				\$19,355.00	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/5/04	ID# CK#	Republican Party of Iowa 621 E. 9th Street Des Moines, Iowa 50309	Republican Party of Iowa 2004 Package Plan - Iowa Governor's Club	\$ 1,000.00
1/7/04	ID# CK#	LeAnn Jesina 151 Vogel Otumwa, Iowa 52501	December, 2003 Consulting (10.5 hours)	136.50
1/8/04	ID# CK#	Victory Enterprises 5200 SW 30th Street, Suite 7 Davenport, Iowa 52802	Quarterly Web Hosting Fee	90.00
1/12/04	ID# CK#	Hardin County Index 1513 Edgington Avenue Eldora, Iowa 50627	Sucscription Renewal	36.00
1/12/04	ID# CK#	Times-Citizen 406 Stevens Street Iowa Falls, Iowa 50126	Subscription Renewal	34.00
1/12/04	ID# CK#	Ackley World Journal 406 Stevens Street Iowa Falls, Iowa 50126	Subscription Renewal	22.00
1/14/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	Postage for Certified Mail	5.57
1/20/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	Semi-annual P.O. Box 308 Rent	63.00
SUB-TOTAL				\$ 1,387.07
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/27/04	ID# CK#	South Hardin Signal-Review P.O. box 457 Hubbard, Iowa 50122	Subscription Renewal	\$ 29.00
1/27/04	ID# CK#	Larry McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Reimburse for campaign camera; camera bag; camera charger & camera warranty	396.40
2/2/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	100 stamps	37.00
2/2/04	ID# CK#	Victory Enterprises 5200 S.W. 30th Street, Suite 7 Davenport, Iowa 52802	Annual domain name renewal for website	35.00
2/3/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	January consulting fee (20 hours)	260.00
2/3/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	Reimburse for mileage (340 miles)	127.50
2/6/04	ID# CK#	Christian Coalition of Iowa P.O. Box 65066 West Des Moines, Iowa 50265	2004 Package member	750.00
2/26/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	100 stamps	37.00
SUB-TOTAL				\$ 1,671.90
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/2/04	ID# CK#	Iowa Falls Times Citizen P.O. Box 640 Iowa Falls, Iowa 50126	Printing costs to run "Issues Survey"	\$ 174.60
3/2/04	ID# CK#	Times-Republican 135 W. Main Street Marshalltown, Iowa 50158	Printing costs to run "Issues Survey"	559.08
3/2/04	ID# CK#	Ackley World Journal 712 Main, P.O. Box 52 Ackley, Iowa 50601	Printing costs to run "Issues Survey"	212.40
3/2/04	ID# CK#	Eldora Herald Register 1513 Edgington Avenue Eldora, Iowa 50627	Printing costs to run "Issues Survey"	255.60
3/8/04	ID# CK#	Reed Copywriting 131 Glyn Tawel Drive Granville, Ohio 43023	Fundraising letter	90.00
3/29/04	ID# CK#	The Augustine Company P.O. Box 797 Marshalltown, Iowa 50158	1,000 copies 2nd page of letter	138.86
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1,430.54
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/2/04	ID# CK#	Victory Enterprises 5200 SW 30th Street, Suite 7 Davenport, Iowa 52802	Update website	\$ 50.00
4/8/04	ID# CK#	Mid-Iowa Publishing 130 W. Main Street State Center, Iowa 50247	Printing costs to run "Issues Survey"	144.00
4/8/04	ID# CK#	Victory Enterprises 5200 SW 30th Street, Suite 7 Davenport, Iowa 52802	Quarterly web hosting fee	90.00
4/8/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	February & March consulting fee (10 hours)	130.00
4/9/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	10 rolls of stamps	370.00
4/19/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	100 stamps	37.00
4/21/04	ID# CK#	Marki McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Reimburse for Avery lables purchased at Staples	27.55
4/28/04	ID# CK#	Postmaster 309 E. Linn Marshalltown, Iowa 50158	two rolls of stamps	74.00
SUB-TOTAL				\$ 922.55
TOTAL (if last page of this schedule)				\$

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Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/3/04	ID# CK#	The Augustine Company, Inc. P.O. Box 797 Marshalltown, Iowa 50158	Printing of remittance envelopes	\$ 148.40
3/9/04	ID# CK#	Deluxe Check Printers 16505 W. 113th Street Shawnee Mission, KS 66201	One box of checks	16.00
5/5/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	Reimbure for office supplies from Wal-mart; copies made @ OfficeMax; & one roll of stamps	61.14
5/5/04	ID# CK#	LeAnn Jesina 151 Vogel Ottumwa, Iowa 52501	April consulting fee (8 hours)	104.00
5/12/04	ID# CK#	Larry McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Reimburse for PAC fundraiser event held on 5/11/04 (food & beverage)	280.26
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 609.80
TOTAL (if last page of this schedule)				\$ 6,021.86

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
1/31/04	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Office space & compter/printer 115200P	\$ 200.00	<input type="checkbox"/>
2/29/04	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Office space & compter/printer 115200P	200.00	<input type="checkbox"/>
3/31/04	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Office space & computer/printer 115200P	200.00	<input type="checkbox"/>
4/30/04	Larry E. McKibben 1703 Robertson Drive Marshalltown, Iowa 50158	Self	Office space & compter/printer 115200P	200.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$

TOTAL (if last
page of this
schedule)

\$
800.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

McKibben for Senate Committee

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)
PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant		
LeAnn Jesina		
Mailing Address		
151 Vogel		
City	State	Zip Code
Ottumwa	Iowa	52501

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

CONTRACT PERIOD (MM/DD/YR)

TOTAL ANTICIPATED
COMPENSATION FOR
PERFORMANCE

From 1-1-04	\$ 13.00 per hour plus reim- bursement for actual expenses incurred.
To 5-14-04	

ESTIMATES OF PERFORMANCE

To advise the campaign committee on matters of organization, volunteer staffing & prepare media advertising copy.
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SUB-TOTAL

\$

TOTAL (If last page of this schedule)

\$